

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019892

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/		/		
2	/		/		/		
3	/		/		/		
4	/		/		/		
5	2		/		/		
6	2		/		/		
7	/		/		/		
8	/		/		/		
9	8		/		/		
10	8		/		/		
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15	/		/		/		
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17	/		/		/		
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50							
TOTAL IND.	3		3				
TOTAL DEP.	21		17				
TOTAL CLAIMS	24		20				

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS